

State Health Benefit Plan 2018 Plan Designs

	Gold Plan		Silver Plan		Bronze Plan		BCBS/UHC HMO	HDHP		Kaiser HMO
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network	In Network	In Network	Out-of-Network	In Network
Deductible										
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$3,500	\$7,000	None
You + Child(ren) or Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$7,000	\$14,000	None
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$7,000	\$14,000	None
Medical Out of Pocket Maximum (OOPM)										
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$6,450	\$12,900	\$6,350
You + Child(ren) or Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$12,900	\$25,800	\$12,700
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$12,900	\$25,800	\$12,700
Deductible/Out of Pocket Maximum (OOPM) Type										
	Embedded		Embedded		Embedded		Embedded	FAMILY		Embedded
Coinsurance (Plan Pays)										
	85%	60%*	80%	60%*	75%	60%*	80%	70%	50%	100%
HRA Contribution										
You	\$400		\$200		\$100		NA	NA		
You + Child(ren) or Spouse	\$600		\$300		\$150		NA	NA		
You + Family	\$800		\$400		\$200		NA	NA		
Medical										
ER	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$150 CoPay	Coinsurance after ded		\$150 CoPay
Urgent Care	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$35 CoPay	Coinsurance after ded		\$35 CoPay
PCP Visit	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$35 CoPay	Coinsurance after ded		\$35 CoPay
Specialist Visit	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$45 CoPay	Coinsurance after ded		\$45 CoPay
Preventative Care	100%	Not covered	100%	Not covered	100%	Not covered	100%	100%	Not covered	100%
Telemedicine/Virtual Visit In Network ONLY	85% Coverage not subject to deductible		80% Coverage not subject to deductible		75% Coverage not subject to deductible		\$35 CoPay	70% Coverage subject to deductible		100% Coverage
Rx Retail Pharmacy										
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 CoPay	Coinsurance after ded		\$20 CoPay
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 CoPay	Coinsurance after ded		\$50 CoPay
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 CoPay	Coinsurance after ded		\$80 CoPay
Rx Mail Order Pharmacy										
Tier 1	15% Min \$50, Max \$125		15% Min \$50, Max \$125		15% Min \$50, Max \$125		\$50 CoPay	Coinsurance after ded		\$50 CoPay
Tier 2	25% Min \$125, Max \$200		25% Min \$125, Max \$200		25% Min \$125, Max \$200		\$125 CoPay	Coinsurance after ded		\$125 CoPay
Tier 3	25% Min \$200, Max \$313		25% Min \$200, Max \$313		25% Min \$200, Max \$313		\$225 CoPay	Coinsurance after ded		\$200 CoPay
Rx Out of Pocket Maximum (OOPM)	Combined With Medical		Combined With Medical		Combined With Medical		Combined With Medical	Combined With Medical		Combined With Medical